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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) EMMER, THOMAS EARL JR., , ,			2. Candidate's FEC Identification Number H4MN06087	
(b) Address (number and street) PO BOX 998		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ANOKA MN 55303-0998		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MN 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) EMMER FOR CONGRESS		
(b) Address (number and street) PO BOX 998		
(c) City, State, and ZIP Code ANOKA MN 55303		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) EMMER VICTORY COMMITTEE		
(b) Address (number and street) 824 S Milledge Ave, Ste 101		
(c) City, State, and ZIP Code ATHENS GA 30605		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Emmer, Thomas, Earl, , Jr. [Electronically Filed]	Date 03/07/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Duffy Emmer Joint Fundraising Committee

(b) Address (number and street)

824 S Milledge Ave Ste 101

(c) City, State and ZIP Code

Athens

GA

30605

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

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NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code